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PTO/SB/21 (09-04)

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Supple Control of the	<i>t</i>	Application Number	10/627,	455			
TRANSMITTAL		Filing Date	July 25, 2003				
FORM		First Named Inventor	Lee				
		Art Unit	3747				
(to be used for all correspondence after initial I	filing)	Examiner Name	Harris,	K.			
Total Number of Pages in This Submission		Attorney Docket Number	JWLE-0	01000US0			
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	ENCI	LOSURES (Check all	that apply		nce Communication to TC		
Fee Transmittal Form		Drawing(s)	٠		and the second		
Fee Attached	<u></u> Ц	Licensing-related Papers			nmunication to Board and Interferences		
✓ Amendment/Reply	=	Petition		Appeal Com (Appeal Notice	nmunication to TC ce, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application		Proprietary I	Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence A		Status Letter	r		
Extension of Time Request		Terminal Disclaimer		Other Enclose below):	sure(s) (please Identify		
Express Abandonment Request	F	Request for Refund		Postcard	,		
Information Disclosure Statement		CD, Number of CD(s)					
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Certified Copy of Priority Document(s)	Remar	ks		<u>.</u>			
Reply to Missing Parts/							
Incomplete Application Reply to Missing Parts					·		
under 37 CFR 1.52 or 1.53							
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	TURE O	F APPLICANT, ATTO	RNEY, O	R AGENT			
Brian I. Marcus, Esq.	, Vierra	Magen Marcus Harmo	n & DeNi	ro LLP			
Signature	<del>-</del> U	Yavul	•				
Printed name Brian I. Marcus							
Date December 16, 2005	<del>-</del>		Reg. No.	34,511	-		
CE	ERTIFIC	CATE OF TRANSMISS	ION/MAI	LING			
I hereby certify that this correspondence is be sufficient postage as first class mail in an envithe date shown below:	eing facsir relope add	mile transmitted to the USPT dressed to: Commissioner fo	O or depos or Patents, F	ited with the United Si P.O. Box 1450, Alexan	tates Postal Service with adria, VA 22313-1450 on		
Signature Signature		1 1 Jam	ul	·			
Typed or printed name Brian I Mercu	s			Date Dec	ember 16, 2005		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)
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ursuant to the	Consolidat	ed App	ropriation	ns Act.	2005 (H.R	4818
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## IKANSIVIIIIAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

OTAL AMOUNT OF PAYMENT	(\$) 510.00
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Complete if Known						
Application Number	10/627,455					
Filing Date	July 25, 2003					
First Named Inventor	Lee					
Examiner Name	Harris, K.					
Art Unit	3747					
Attorney Docket No.	JWLE-01000US0					

TOTAL AMOUNT OF PAY	MENI (Þ	510.00	A	ttorney Docke	et No. JWL	.E-01000US0		<u> </u>
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 501826  Deposit Account N								
FEE CALCULATION								
1. BASIC FILING, SEAF	FILING		SEARCH	I FEES		TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	<u>id (\$)</u>
Utility	300	150	500	250	200	100		<del></del>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  - 20 or HP =								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x = 0  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other: 3 mo. exter	sion of tin	ne					510.	00

SUBMITTED BY		$\sum$	٠, ٠,		<b>L</b>					
Signature	X	$\nearrow$		L	by	rus	Registration N (Attorney/Agent)	<sup>0.</sup> 34,511	Telephone	415-369-9660
Name (Print/Type)	Briar	H.M	arcus		1				Date Dec	ember 16, 2005

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